

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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20306

7590

05/17/2007

MCDONNELL BOEHNNEN HULBERT & BERGHOFF LLP  
300 S. WACKER DRIVE  
32ND FLOOR  
CHICAGO, IL 60606

06/08/2007 HDEMES2 00000106 10630508

01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP  
03 FC:A001 30.00 OP

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                    |                    |
|--------------------|--------------------|
| <u>Carter Huth</u> | (Depositor's name) |
| <u>Carter Huth</u> | (Signature)        |
| <u>6-01-07</u>     | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/630,508      | 07/29/2003  | Carl A. Priddy       | 03-709              | 7905             |

TITLE OF INVENTION: METHOD AND SYSTEM FOR CREATING AN IMAGE MASK

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 08/17/2007 |

| EXAMINER    | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| DANG, DUY M | 2624     | 382-173000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. McDonnell Boehnen  
2. Hulbert & Berghoff LLP  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ventana Medical Systems, Inc Tucson, AZ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 132490 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Thomas A. Fairhall

Date

June 1, 2007

Typed or printed name

Thomas A. Fairhall

Registration No.

34,591

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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UNITED STATES PATENT AND TRADEMARK OFFICE

(Case No. 03-709)

In the Application of:

Carl A. Priddy

Serial No.: 10/630,508

Filed: July 29, 2003

For: Method and System for Creating an  
Image Mask

Group Art Unit: 2624

Examiner Duy M. Dang

Confirmation No.: 7905

TRANSMITTAL LETTER

Mail Stop Issue Fees  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In regard to the above identified application:

1. We are transmitting herewith the attached:

1. Issue fee transmittal form PTOL-85
2. Check in the amount of \$ 1,730
3. Return Postcard

2. With respect to additional fees:

- A. ☐ No additional fee is required.
- B. ☒ Attached is a check in the amount of \$ 1,730.00.
- C. ☐ Charge the total additional fee to our Deposit Account No. 13-2490.

3. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2490. A duplicate copy of this sheet is enclosed.

**CERTIFICATE OF MAILING UNDER 37 CFR § 1.08:** The undersigned hereby certifies that this Transmittal Letter and the paper, as described in paragraph 1 hereinabove, are being deposited with the United States Postal Service with sufficient postage as first class mail, addressed to: Mail Stop Issue Fees, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 1 st day of June, 2007.

By:

Thomas A. Fairhall

Reg. No. 34,591